Additional Psychological or Psychiatric Services

Forms used to request prior authorization for additional psychiatric or psychological visits in excess of the 24 visits allowed per calendar year without prior authorization.

Section Description		Instructions
Member and Provider Information Member Information and Provider	NI/	A
information is system populated based on	N/A	4
member and provider IDs entered.		
Contact Information		
Provider contact information is populated by	1.	Enter contact information that is missing or change
the system in this section.	1.	information that is incorrect (email is optional).
Request Information	<u> </u>	intermediation that is intermediated (email is openedial).
This section captures place of service, the	2.	Place of Service: Click the Office or Other button to
type of release of information consent,		denote the service location.
number of office visits requested, and	3.	Release of Info Code: Select the type of release of
confirmation of request in excess of 24 visits.		information consent related to the request. If not known,
· ·		select Plan Sponsor.
	4.	Number of Visits Requested: Enter the number of
		additional visits requested in whole numbers only.
	5.	Indicate whether or not the request is for additional visits
		beyond the 24 visits permitted without PA by selecting
		Yes or No. If you respond No, it means that the member
		has not used up the 24 visits. PA is not required until the
		24 visits are used.
Diagnosis		
This section captures the member's	6.	ICD-9 Diagnosis: Enter the primary ICD-9 Diagnosis code
diagnosis or diagnoses related to the		in the ICD-9 box. Include a decimal point if part of the
additional psych visits request.		diagnosis; OR search for street the diagnosis and the system will insert.
	7.	Diagnosis Date: Enter the date that the diagnosis was
		determined in the date box.
	8.	Primary DX : Denote the diagnosis as primary by clicking
		the primary checkbox.
	9.	
Procedures	10.	Follow the same process to add other diagnosis codes.
Psychological or psychiatric procedure	11	CPT Code: Enter the procedure code for the psychological
information is captured in this section	11.	or psychiatric service requested in the 'CPT Code' box.
including: CPT Code, Description, and From		Only the following codes may be entered: 96101; 90804;
and To Dates of service.		90853. The system inserts the code description.
	12.	Dates of Service: In the 'From Date' box, enter the date
		of the first visit related to the request. In the 'To Date'
		box, enter the date of the last visit related to the request.
		The 'To Date' should not be beyond 12/31 of the current
		calendar year.
	13.	Modifiers are not required.
		Click ADD to add the procedure to the request.
	15.	Follow the same process to add other procedures.

Member Retro Eligibility			
This question refers to members who	16. Click Yes if the member has retro eligibility for the		
received retrospective Medicaid eligibility	request date of service.		
for the request date of service.			
Progress to Date			
This section documents the member's	17. Enter a summary of the member's psychological history		
treatment progress to current date.	and treatment progress to date including level of		
	compliance with treatment		
Anticipated Goals			
This section captures the goals of the	18. Enter a description of the expected outcome for		
additional services requested.	additional services.		
Current Clinical Information			
This section documents the member's current Global Assessment of Functioning (GAF) score; and the member's current conditions/symptoms.	 19. GAF: Enter the current score in the box provided. 20. Conditions/Symptoms: Select the emotional/behavioral symptoms or situational conditions that apply to the patient by clicking the checkboxes. Select all that apply. If 'Other' is selected, an explanation is required in the textbox provided. 		
Justification for Additional Services			
This section documents the medical	21. Describe the additional services and why the services are		
necessity of the additional services.	needed in the text box provided.		
When all information entered.			

When all information entered:

Click Review Request

Click I Agree to the attestation statement
Review the request for accuracy
Click Edit Request to correct data or add more data
Click Submit Request to submit